Writing Consumer Information and Education Resources

Health literacy is a key priority in the ACSQHS (National Standards). Health services are required to communicate with patients in a way that supports effective partnerships and is responsive to the diversity of consumers who use its services. Essential and integral is the ability to work in partnership with consumers to develop health information and education resources that will ultimately be used and understood by them.

Health literacy is about how people understand information about health and health care, and how they apply that information to their lives, use it to make decisions and act on it. Health literacy is a significant issue as health information and systems have become increasingly complex and harder to understand. In Australia, **60% of the population have low health literacy.** Around one-fifth (19%) of adults have Level 1 health literacy skills, with a further 40% having Level 2. These people have difficulty with tasks such as looking at a bottle of medicine and working out the maximum number of days is should be taken. It also means that only 40% of adults can understand and follow health messages in the way in which they are usually presented. (ABS, 2009)

By providing resources in plain language and at a 11-12 year old reading level we ensure all information is accurate and easy to read. This helps consumers:
- to better understand how our health system works
- to be able to make informed health care choices
- to be able to be active partners in managing their health
- to have a positive experience

The following are some key steps in developing health information resources that are easy to understand.

Step 1: Identify what you want to achieve?
- How does the information you wish to provide people with fit within an overall education program? Is it a support or stand alone resource? **Keep in mind that extensive research suggests printed materials, by themselves, do not produce behaviour change.**
- However, as part of a multifaceted approach to education, they can be effective in reinforcing a health message.

> Research the topic to find out what questions people (health professionals/patients/families/carers) have. Use interpreters to talk to people from non-English speaking backgrounds.

It is worth doing some background research and talking to colleagues to find other resources on the topic as there may already be something appropriate developed.

Step 2: Identifying the audience
It is essential to keep in mind who the audience is: their age, level of education and degree of access to services and support networks. Some groups relate better to visual rather than written education material (ie groups with low literacy levels) while those with a culture of storytelling may prefer spoken exchanges. If you decide written information is required, you need to take into account a person's reading ability. People like to read things that are written at a lower level than their reading ability. Aim for the reading level of a 11-12 year old.

Step 3: Clarify the topic and content
- Be clear about what information you want to provide and what actions you want to encourage. Keep the content simple and stay focused on the topic. Make sure your audience finds the information useful to them (ie answers their questions, provides telephone numbers, uses conversational style). Prioritise the information into that they must know, would be good to know and nice to know. Focus on the first two.

- If you are using material developed by others, you will need to determine if it needs to be modified. Is it appropriate for your patients? You may need to trial and evaluate it in context to help identify if changes are required?

- Check that the meaning you intend to communicate is what is understood. For example, *"You will need a responsible adult to take care of you when you go home."* Clinician may mean:

Someone who is 18 years or older, speaks fluent English, has a drivers licence, knows how to contact emergency services. However the client may understand this as 'My son speaks English. He grew up in Australia. He takes care of his younger sister when they come home from school. He is the only other person at home apart from his 7 year old sister. He is 14. He is responsible'.

Step 4: Organise your resource

Key principles

a) Use plain language

Write for a beginner and do not make any assumptions (eg understanding of medical terminology and jargon). Explain terms, ideas, words, or concepts clearly. For example,

"What is a mammogram and why should I have one?

 A mammogram is an x-ray picture of the breast. It can find breast cancer that is too small for you, your doctor, or nurse to feel. Studies show that if you are over 40 years old, having a mammogram every one to two years could save your life." (10-11 year old reading level)

Plain language is clear, everyday language. Patient information written in plain language will usually have:

- Shorter sentences (no more than 15 to 20 words).
- No jargon
- No unnecessarily long words
- Clear explanations for any unfamiliar medical or technical terms
- No abbreviations or acronyms (or, when they are necessary, they are spelled out).
- Avoid nominalisation, which is using verbs or adjectives as a noun. Say 'complete' instead of 'the completion of'.

Test your use of plain English by reading your document out loud. It should sound like you are explaining something to a member of the public, not reading a corporate or technical report.

Other useful resources
[Readability formula](#) | a broad guide which can check the difficulty of the language
[Online medical language dictionary](#) | Michigan University

b) Be direct

English can be a very convoluted, especially when we use formal language. Avoid this by writing as if you are talking to someone directly (say *'you'* and *'we'* rather than *'patients'* and *'staff'*). Use the active voice when possible because it is clearer who is doing what and is more concise. Don't worry about sounding too direct - you can always say *'please'*.

Examples of passive voice	Examples of active voice
The required level of therapy will be assessed by the treating doctor after the surgery	Your doctor will assess the level of therapy you need after your surgery
No food or drink (including water) should be consumed in the 6 hours before surgery	Do not eat or drink anything (including water) in the 6 hours before your surgery
Medicines routines should be followed properly or it may be dangerous	It may be dangerous if you do not follow your medicine routine

c) Be positive

Avoid 'DO NOT leave without telling us'. Instead say, 'Please tell us if you need to leave for any reason.'

d) Use plain fonts at 12 points

- Select standard fonts that are easy to read, and use a minimum of 12 points (or 14 to 16 points if the text is for people with vision impairment). San serif fonts[1] are most commonly used because they look cleaner and more modern. San serif fonts available in Microsoft Word include Arial, Verdana and Tahoma. The Area's preferred font is Arial or Helvetica Neue.

  Do not use 'fancy' ornate fonts, don't underline words or write whole words in capital letters, and use italics sparingly. This is because ornate fonts, underlining, block capitals and italicisation are all harder to read and may be inaccessible to people with vision impairments (who are a sizable proportion of older hospital patients and their families/carers).

e) Make important information stand out

- People may not read everything you have written, so **make sure the most important information stands out**. Draw attention to key points by using bold fonts and/or a larger point size.

> **"If you are using quotes or key phrases you can highlight them using a text box."**

- Studies show that people remember the points made at the beginning and end of a document best. You can make the most of this by putting your key points first and summarising them at the end. This can be particularly useful if you need the reader to take action (for example, to telephone your clinic or to start post-surgical exercises at home).

- Always put telephone numbers and area codes in bold to help people locate them easily[2].

f) Use diagrams / illustrations and maps

- A picture really is worth a thousand words! Simple diagrams are a great complement to verbal and written explanations because they help people to visualise and clarify their understanding. Use visuals that are as culturally inclusive as possible and, when possible, use flowcharts for complicated processes. Use universal pictograms that are unambiguous and universally accepted.

- Only use images that directly support your information. Avoid using clipart to make a document feel more 'friendly' – this can look unprofessional and may confuse people. The image below is from a hypoglycaemia resource. The choice of examples used vary for each language group.

2. Have a carbohydrate snack (ie 15 grams of carbohydrate) or your regular meal if it is due.

These snacks contain 15g of carbohydrate:
- 1 slice of bread
- 1 tub of 200ml of yogurt *or* 1 cup of yoghurt
- 1 piece of fruit (for example an apple, orange, pear)
- 1 glass of cow or soy milk
- 2 biscuits

- Always supply a map with appointment letters. The most accessible maps complement graphics with written instructions on how to find the appointment location.

g) Ensure and review accuracy

- The information we provide must be clinically accurate. But accuracy also applies to other aspects of patient information such as:

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[1]Serif fonts have little tails on the letters to help the eye move smoothly when reading. This sentence is written in Times New Roman which is a serif font. San serif fonts do not have tails. This document is written in Arial which is a san serif font.

[2] Contact information should provide details about who to contact for any follow-up questions, and include out-of-hours telephone numbers where necessary. It is conventional to put contact details at the end of a document.

- o Telephone numbers for wards, interpreter services and external agencies
- o Locations of wards / clinics and external agencies
- o Facility details relating to opening hours of hospital shops and cafes, parking, patient tv and other day-to-day services.
- Put the date at the bottom of your documents so that staff and patients can see when it was last reviewed. Try to update key documents once a year or at least every three years. This helps people to feel more confident that the information is up-to-date.

h) Logical structure and headings

- People 'scan' documents rather than read them from start to finish. Use headings and subheadings in a clear hierarchy to help people scan the text to find what they want.

- Headings in question form can help to make a document feel more personal. For example: *When to take your medicine* can be phrased as *When should I take my medicine?* This is a useful strategy for short patient information materials (a few pages long), but should not usually be used in lengthy documents because it can feel overdone.

- Information should be grouped into 'chunks' with a clear, ordered format that helps the reader find and use what they need by following a logical sequence.

- Use a separate paragraph and heading for each major point, with subheadings as required. Make sure the points flow in a logical manner.

- Use bullet points to break up slabs of text or, if you are providing sequential instructions, use numbered lists.

Example of poor sequencing	Example of logical sequencing
Coming to Hospital	Coming to Hospital
Hospital fees	Confirming your appointment
What to bring	Where to find us
Your medicines	Location
Toiletries and other items	Transport and parking
Test results	When to arrive
What not to bring: valuables	What to bring
Where to find us	Your medicines
Location	Test results
When to arrive	Toiletries and other items
Confirming your appointment	What not to bring: valuables
Contact details	Hospital fees
Leaving hospital	Leaving hospital
Discharge	Contact details

i) Keep it clear and simple

- Avoid a cluttered layout. Well spaced text with lots of white space allows the eye to move more easily and doesn't overwhelm the reader.

- Use a maximum of two fonts (eg one for headings and one for the main text).

- Use words from one to nine and from 10 onwards use numbers.

- Set your text so that it is justified to the left only. This means the left-hand side of the text will be straight, and the right-hand side will be jagged. This is because left/right justified text has uneven spaces between words and can result in 'rivers' of white space running through the text which make it harder to read.

- Use dark text on plain white paper. Good contrast is essential for people with vision impairments, and will also ensure that photocopies of your document look their best.

Step 5: Engage consumers

- Get someone to review your work with 'fresh eyes'. For example, it's amazing how many spelling mistakes, typos and awkwardly phrased sentences you will miss when you become over-familiar with a written document.

- Consult with colleagues who have expertise in the area you are writing about. Be sure to include colleagues outside your discipline who may have insights, for example, ward clerks are often a valuable source of information about patients' common questions.

- Finally, test your final draft with people in your target audience to see if it is clear, comprehensive, relevant and accessible. You could ask them such things as:
  - Do they find it useful? Does it answer their questions?
  - Is it easy to read?
  - Is it culturally appropriate?
  - What needs to be changed and/or added?

At a minimum you will need to have five consumers.

Step 6: Preparing text for translation
If need be you may need to prepare your text for translation.

Other useful resources

Writing and design tips | National Adult and Literacy Agency | www.nala.ie/resources/writing-and-design-tips

Simply put: a Guide for Creating Easy-to-Understand Materials. Centers for Disease Control and Prevention, United States | www.cdc.gov/healthliteracy/pdf/Simply_Put.pdf

Plain Language. United States Government | www.plainlanguage.gov

Health Literacy Universal Precautions Toolkit (Agency for Healthcare Research and Quality, United States) | www.ahrq.gov/legacy/qual/literacy/healthliteracytoolkit.pdf

References

Australian Commission on Safety and Quality in Healthcare (2011) National Safety and Quality Health Service (NSQHS) Standards

Australian Commission on Safety and Quality in Health Care (2014) Health Literacy: Taking action to improve safety and quality.